# UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF NEW YORK

JOHN C. BREITENBACH, JR., as Administrator of the ESTATE OF DEBORAH J. BREITENBACH,

Plaintiff,

**EXPERT WITNESS DISCLOSURES** 

1:16-CV-11 (GLS/CFH)

-against-

THE UNITED STATES OF AMERICA, NANCY A. CAFFREY, R.P.A.-C, MOSES-LUDINGTON HOSPITAL and INTER-LAKES HEALTH, INC.

#### Defendants

Defendants, NANCY CAFFREY, R.P.A.-C, MOSES-LUDINGTON HOSPITAL and INTER-LAKES HEALTH INC., (hereinafter "answering defendants") by and through their attorneys, NAPIERSKI, VANDENBURGH, NAPIERSKI & O'CONNOR, LLP, as and for expert witness disclosure pursuant to FRCP 26(2)(b) state as follows:

1. Defendants expect to call at the time of trial Alan C. Heffner, MD as an expert witness in the field of Emergency Medicine. Dr. Heffner will give expert opinion testimony that the care and treatment of the plaintiff, Deborah Breitenbach, by defendants when she presented to the emergency department at Moses-Ludington Hospital on April 21, 2014 met and/or exceeded the standard of care. Dr. Heffner will testify regarding the proper and appropriate standards of care and accepted medical practice which were in effect in the upstate New York area, State of New York and nationally for emergency medicine and the treatment of epiglottitis and airway issues in critical access hospitals at the time of the treatment of Deborah Breitenbach by the defendants. Dr. Heffner will testify regarding the interpretation and significance of

medical records, interpretation and significance of laboratory tests, imaging studies, and clinical examinations and procedures during all times at issue. Dr. Heffner is expected to comment on all of the medical records of the Deborah Breitenbach, as well as any exhibits marked in the deposition testimony, marked or introduced at trial and/or any demonstrative exhibits produced at trial. Dr. Heffner may comment on each of the depositions taken in this case as well as any trial testimony elicited by lay witnesses and/or experts. Dr. Heffner will provide opinions and comments with respect to the testimony of all expert witnesses and lay witnesses who are called upon to testify at the time of trial and will be prepared to refute the opinions which are offered by the Plaintiff's experts, either in Plaintiff's expert witness responses or in the trial testimony or affidavits. Dr. Heffner is will also testify regarding the issues of causation and damages. Dr. Heffner's expert witness report is attached hereto as Exhibit "A" and made a part hereof. All of Dr. Heffner's opinions are expected to be given to a reasonable degree of medical certainty. Dr. Heffner's CV and testimonial history is attached hereto as Exhibit "B" and made a part hereof.

2. Defendants expect to call Kevin R. Decker as an expert economist at the time of trial.
Mr. Decker's expert witness report is attached hereto as Exhibit "C" and made a part hereof. Mr. Decker's CV and testimonial history is attached hereto as Exhibit "D" and made a part hereof.

## **SUPPLEMENTATION**

Defendants reserve the right to supplement and/or amend these disclosures subject to the depositions of the parties and further disclosures by plaintiff and/or defendants. Defendant reserve the right to disclosure rebuttal experts in response to any

further disclosures by the parties.

Dated March 9, 2017

NAPIERSKI, VANDENBURGH & O'CONNOR, LLP.

Y://///

SHAWN F. BROUSSEAU

Bar Roll No. 509138

Attorneys for Defendants

NANCY CAFFREY, R.P.A.-C, MOSES-

**LUDINGTON HOSPITAL and INTER-LAKES** 

HEALTH INC.

296 Washington Avenue Ext.

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Phone: (518) 862-9292 Email: sfb@nvnolaw.com Alan C. Heffner, MD

5 March 2017

Shawn F. Brousseau Napierski, VanDenburgh, Napierski & O'Connor, LLP 296 Washington Avenue Extension, Suite 3 Albany, NY 12203

Re: Written report of expert opinion by Alan C. Herfiner, MD Case Claim No.: 30722822, NVNO File No.: 05779

Dear Mr. Brousseau,

Per our prior agreement, I am engaged by the law firm of Napierski, VanDenburgh and Napierski, LLP of Albany, NY to review records and render an opinion on the care in the case of John C. Breitenbach, Jr as Administrator of the estate of Deborah Breitenbach (herein referred to as patient) v. Nancy A. Caffrey, RPA-C, Moses-Ludington Hospital and Inter-Lakes Health, Inc. To that end, I have reviewed the following materials:

Medical records from Moses-Ludington Hospital Medical records from Lamoille Ambulance Service

Medical records from Fletcher Allen Health Care (University of Vermont Medical Center, Burlington, VT)

Medical records from Hudson Headwaters Plaintiff's Second Amended Complaint Plaintiff's expert witness disclosure

My qualifications for this review include the practice of emergency medicine and critical care medicine and special interest and experience in emergency airway management (see CV enclosed). Expert review rate for this work is \$300 per hour and \$3500 per day of estimony. A description of expert testimony over the preceding four years is enclosed. I certify that my opinions have never been disqualified in court and I have not been found guilty of fraud or perjury in any jurisdiction. All opinions contained in this report are stated to a reasonable degree of medical certainty.

Case chronology

The patient is a 60-year-old female with hypertension and hypercholesterolemia who presented to Moses Ludington Hospital Emergency Department at 08:55 on 4/21/2014 with chief compaint of "aspirin stuck in throat".

She was evaluated by Nancy A. Caffrey, RPA-C at 09:05 who performed a history and physical exam. Documentation details absence of respiratory symptoms or signs, normal pharynx, voice, and swallowing, and no cervical adenopathy or distress. The patient was discharged at 09:11 with the diagnosis of esophageal foreign body sensation following patient education and follow up instructions.

The patient returned to Ticonderoga Health Clinic at 18:47 with chief complaint of sord throat and headache. She reported throat pain and swelling with difficulty breathing and swallowing,

and endorsed fever and chills. Exam was notable for moderate distress, tachycaidia, audible stridor, left face and neck swelling, and difficulty breathing. No treatment was provided.

The patient was referred to the Moses Ludington Emergency Department and arrived by private vehicle at 19:41 where she was evaluated by Nancy A. Caffrey, RPA-C. Chief complaint was "worsening sore throat and hoarseness". Initial exam was notable for ill appearance, hoarse and muffled voice, and tender neck swelling. Epiglottitis was suspected and diagnostic studies and treatment were initiated for this disease.

The case was discussed with an otolaryngology specialist (ENT) Dr. Hubbell, which distilled a plan for immediate transfer to Fletcher Allen Health Care.

Serial evaluations identified deteriorating status, marked by stridor and increased work of breathing. Transfer without airway management was deemed dangerous and Ms. Caffrey contacted Dr. Toni Sturm who evaluated the patient at 20:45 and discussed the case with Dr. Hubbell. They agreed on the priority to secure the patient's airway prior to inter-facility transport.

An airway management plan was devised and discussed prior to intervention which commenced at approximately 21:08.

Awake anesthetized visualization of the airway was complicated and the patient exhibited continued deterioration. Rapid sequence induction was performed. Visualization under these conditions was also complicated and attempted intubation resulted in esophageal injubation, that was immediately recognized. Rescue needle cricothyrotomy failed to provide acequate ventilation. Open surgical cricothyrotomy was undertaken with difficult placement of the endotracheal tube.

The patient deteriorated to cardiac arrest during attempts to secure the airway. Ultimately, open surgical cricothyrotomy was successful via passage of a 3-0 endotracheal tube. The patient was resuscitated from cardiac arrest.

Post intubation management provided by Ms. Caffrey and Dr. Sturm included securing the airway, surgical site hemostasis, management of hemodynamics, and initiation of the apeutic cooling.

The Lamoille Ambulance Service crew was dispatched to Moses Ludington Emergency Department for inter-facility transport of the patient at 20:36. They arrived at 20:46 and witnessed the critical patient situation and assisted with resuscitation.

Lamoille Ambulance Service left Moses Ludington Emergency Department with the patient at 23:00 and arrived at Fletcher Allen Health Care Emergency Department at 23:55.

Hypoxemic respiratory failure, shock and persistent coma were recognized in the emergency department and following hospital admission at Fletcher Allen Health Care.

ENT and anesthesia laryngoscopy attempts revealed distorted anatomy and difficult airway visualization with initial failed attempts at orotracheal intubation. Anesthesia performed orotracheal intubation with assistance of an airway bougie.

Serial exams and imaging in the hospital were consistent with anoxic brain injury. The family elected withdrawal of life support measures and donation after cardiac death which was performed on 4/22/14.

#### Standard of care

Standard of care for the first patient encounter required a complaint focused history and examination to evaluate for treatable or dangerous clinical conditions. Standard of care during the second patient encounter required recognition of the emergency condition of upper nirway compromise and management of this condition. Standard of care for the management of apidly evolving upper airway obstruction required recognition of a difficult airway situation and use of an organized airway management plan.

#### **Opinions**

- 1. The totality of care including important case features detailed below met or exceeded the prevailing standard of care for this clinical situation. Specifically:
- 2. The first emergency department evaluation was focused and appropriate for the patient's complaint. Cardinal features of serious upper airway disease, including ep- and supraglottitis, were absent. Medical decision making highlighted a reasonable diagnosis. Management and discharge instructions were appropriate.
- Patient management during the return emergency department encounter was correct and appropriate for the patient's clinical condition and available resources.
   Specifically:
- 4. Ms. Caffey quickly recognized the patient's acuity and suspected supraglottitis. Confirmatory diagnostic studies and initial treatment with intravenous fluids, antibiotics and steroids were timely and appropriate.
- 5. Consultation with the nearest off-site ENT specialist, with anticipation of transfer, was timely and appropriate.
- 6. Ms. Caffey exhibited insight in recognizing progressive patient deterioration marked by signs of critical airway compromise and impending airway obstruction. As such, the decision to delay patient transfer and attend to the patient's impending and life threatening airway obstruction was prudent and exemplified good medical judgment.
- 7. Real-time discussion with the off-site ENT specialist corroborated this plan. There were no additional on-site providers with more experience to handle the situation.
- 8. The team appropriately recognized the patient's clinical features and anticipated complicated upper airway anatomy and difficult airway management.
- 9. The team quickly developed a thoughtful stew-wise airway management plan that started with awake anesthetized video laryngoscopy. Inadequate airway visualization and continued patient deterioration represented a forced to act scenario. Rapid sequence intubation was undertaken to optimize laryngoscopy view with a double set-up approach incorporating preparation for emergency cricothyrotomy. The patient's anterior neck landmarks were identified and marked prior to undertaking airway management. Although complicated, the

airway plan was executed in the anticipated sequence based on airway findings and latient condition. Bag-valve-mask was attempted during and between airway maneuvers. Fer the plan, cricothyrotomy was attempted following failed laryngoscopy and thirteen minutes prior to cardiac arrest.

- 10. The high risk of patient deterioration during airway management was recognized a priori.

  Deterioration, including cardiac arrest, does not represent a deficiency in medical decision making, preparation or technical proficiency. Rather, the management of this rare and apidly evolving emergency illustrate a thoughtful and deliberate strategy and plan execution.
- 11. Timely and appropriate post-intubation and post-cardiac arrest care that included cardiopulmonary support and therapeutic cooling exemplifies detailed attention to this critical patient.

Ms. Caffrey exhibited reasonable and appropriate medical judgment in the management of this patient. I believe a reasonably prudent medical provider would make the same decisions and take these same actions under similar circumstances.

These opinions may be revised based on additional case facts and information that becomes available.

#### Pertinent literature and exhibits:

Woods, CR. Epiglottits (supraglottitis): Clinical features and diagnosis UpToDate; Wolters Kluwer. 2016

Manual of Emergency Airway Management, 4th Ed. Lippincott, Williams and Wilkins, 2012.

Additional exhibits may be provided.

Sincerely,

Alan C. Heffner, MD

# Alan C. Heffner, MD

Personal		
Address	Carolinas Medical Center 1000 Blythe Blvd. MEB 5, Department of Internal Medicine Charlotte, NC 28232-2861 (704) 335-3165 Alan.heffner@carolinashealthcare.org	
Birthdate	Gainesboro, TN; Jackson County	
Citizenship	United States of America	
Education		
Fellowship	University of Pittsburgh Medical Center Pittsburgh, PA Department of Critical Care Medicine Multidisciplinary Critical Care Training Program	7/2005-6/2007
	NIH National Research Service Award (T-32) Fellowship University of Pittsburgh Medical Center Department of Critical Care Medicine	8/2006-6/2007
Internship Residency	Carolinas Medical Center Charlotte, NC Department of Emergency Medicine Chief Resident 1999-2000	7/1997-7/2000
Medical	Medical College of Virginia Virginia Commonwealth University, Richmond, VA	8/1993-6/1997
College	James Madison University Harrisonburg, VA B.S. Biology	8/1988-6/1992

Appointments		
Current: Medical-Surgical Intensivist Emergency Physician	Co-Director of Critical Care Director of ECMO Services HealthCare System Sepsis Med	lical Director
Carolinas Medical Center Pulmonary and Critical Care Consultants Department of Internal Medicine Department of Emergency Medicine		7/2007-present
Surgical Critical Care Fellowship Faculty		2010-present
Professor of Internal Medicine and Emergency Carolinas HealthCare System	Medicine	2017-present
Associate Professor at Carolinas HealthCare Sy Assistant Professor at Carolinas HealthCare Sys		2013-2017 2007-2013
Clinical Associate Professor Clinical Assistant Professor University of North Carolina School of Medicin	ne	2013-present 2007-2013
Mercy Hospital, Pittsburgh, PA Mercy Critical Care Associates Medical-surgical Intensivist		7/2006-7/2007
Naval Medical Center Portsmouth Portsmouth, VA Department of Emergency Medicine Faculty; Lieutenant Commander  • Assistant Residency Director and E  • Intern Coordinator 2000-2002	ducation Coordinator 2002-2003	7/2000-6/2005
Medical College of Virginia / Virginia Common Richmond, VA Department of Emergency Medicine Clinical instructor	nwealth University	11/2000-8/2003
Certification		
ABEM Internal Medicine – Critical Care Medic	cine Certification	2013
American Board of Emergency Medicine (ABE	EM) #200314 Recertification	2011
Neurocritical Care Certificate United Council for Neurologic Subspec	cialties (UCNS)	2010
Diploma in Intensive Care Medicine (EDIC) European Society of Intensive Care Medicine (I	ESICM)	2009

American Board of Emergency Medicine (ABEM) #200314	2001
Additional Training	
Carolinas HealthCare System Co-Leadership Institute	2016
Carolinas HealthCare System Physician Leadership Institute Queens University McColl School of Business	2013
Emergency Neurologic Life Support (ENLS)	2016, 2012
US Marine Corps Mountain Warfare Survival Medicine Training US Army Medical Management of Chemical/Biological Casualties Course	2003 2002
Advanced Cardiac Life Support (ACLS) Instructor 2000-2007	1997-present
Advanced Trauma Life Support (ATLS)	1997-2013
Individual Honors and Awards	
Fellow of Critical Care Medicine (FCCM) American Academy of Critical Care Medicine Society of Critical Care Medicine	2016
Lecturer of the Year Award Integrated Simulation Curriculum Program UNC School of Medicine – Charlotte Campus	2015
American Academy of Family Physicians (AAFP) Teaching Award Resident selection for exemplary teaching	2015
Vanguard Award for medical education Edwards Lifesciences	2010
Top Doctors in Charlotte Charlotte Magazine, Peer selected  2016, 2014, 20	012, 2011, 2010
Fellow of the Year University of Pittsburgh Medical Center, Department of Critical Care Medicine	2006
Clinical Teaching Recognition Award School of Medicine, University of Pittsburgh	2006
Outstanding Faculty Teaching Award Naval Medical Center Portsmouth, Department of Emergency Medicine	2005
Outstanding Faculty Teaching Award Naval Medical Center Portsmouth, Department of Emergency Medicine	2004
Navy and Marine Corps Commendation Medal For contributions as faculty; Naval Medical Center Portsmouth	2004

Outstanding Faculty Teaching Award Naval Medical Center Portsmouth, Department of Emergency Medicine	2003
SAEM Clinical Pathological Case (CPC) Competition Best Discussant; Regional Semi-Finalist	2003
Combat Action Ribbon Navy and Marine Corps Achievement Medal Operation Enduring Freedom, Afghanistan	2002
Hospital Physician Teacher of the Year Naval Medical Center Portsmouth	2001
Outstanding Resident Teaching Award Carolinas Medical Center, Department of Emergency Medicine	2000
Alpha Omega Alpha Honor Medical Society Student president, Brown-Sequard Chapter; 1996-1997	1996
MCV School of Medicine Aesculapian Scholar Sidney-Barham Scholarship Award Aubrey H. Straus Microbiology Award Adolph D. Williams Scholarship Award (highest class rank)	1995 1995 1995 1994
Institutional Honors and Awards	
Sepsis Heroes Award Sepsis Alliance	2015
ELSO Award for Excellence in Life Support Extracorporeal Life Support Organization (ELSO)	2014
	2012
ELSO Award for Excellence in Life Support Extracorporeal Life Support Organization (ELSO)	
	2008
Extracorporeal Life Support Organization (ELSO)  Joint Commission Ernest Amory Codman Award for	. 2008
Extracorporeal Life Support Organization (ELSO)  Joint Commission Ernest Amory Codman Award for Carolinas Medical Center <i>Code Sepsis</i> program	2008

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40. Flexible Endoscopic Intubation

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39. Noninvasive Ventilation

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38. Mechanical Ventilation

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37. Overview of Central Venous Access

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36. Thoracentesis

Jefferson B, Heffner AC

In: Interventional Critical Care: A manual for Advanced Care Practitioners

Taylor D et al. Springer International, 1st Ed, 2016

35. Complicated Skin and Soft Tissue Infections

Carlson CG, Heffner AC

In: Acute Critical Care, 1st Ed

Shiber J et al. Springer Press; In press 2016

34. Fluid Management in Critical Illness

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In: Emergency Department Resuscitation of the Critically Ill; 2<sup>nd</sup> Edition

Winters ME et al. American College of Emergency Physicians (ACEP); In press 2016

33. Severe Sepsis and Septic Shock

Heffner AC

In: Emergency Department Resuscitation of the Critically III; 2<sup>nd</sup> Edition

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32, Fluid Management of Critical Illness

Heffner AC, Robinson MT

In: Critical Care Emergency Medicine; 2<sup>nd</sup> Edition

Farcy DA et al. McGraw-Hill Professional, 2016

31. Extracorporeal Life Support

Farcy DA, Heffner AC, Napolitano L

In: Critical Care Emergency Medicine; 2nd Edition

Farcy DA et al. McGraw-Hill Professional, 2016

30. Post-Cardiac Arrest Management

Heffner AC, Pearson DA

In: Critical Care Emergency Medicine; 2nd Edition

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29. Emergency Pericardiocentesis

Heffner AC

In: UpToDate. 2015

28. Monoarticular Arthritis

Heffner AC

In: The Clinical Practice of Emergency Medicine, 6<sup>th</sup> Edition Harwood-Nuss et al. Lippincott Williams & Wilkins. 2014

27. Sepsis and Shock with Infection

Jones AE, Heffner AC

In: Emergency Department Critical Care

Yealy DM and Callaway C. Oxford University Press. 2013

26. Placement of Femoral Venous Catheters

Heffner AC, Androes MP

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25. Placement of Subclavian Venous Catheters

Heffner AC, Androes MP

In: UpToDate, 2013

24. Placement of Jugular Central Venous Catheters

Heffner AC, Androes MP

In: UpToDate, 2013

22. Emergency Pericardiocentesis

Heffner AC

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23. Overview of Central Venous Access

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21. Anesthesia and Sedation for Awake Intubation

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20. Oxygen and Carbon Dioxide Monitoring

Heffner AC, Reardon RF

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Walls RM and Murphy MF. Lippincott Williams & Wilkins 2012

19. The Patient in Shock

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17. Acid-Base Disorders

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Adams JG et al. Elsevier Health Sciences; 2012

16. Fluid Management

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#### 15. Severe Sepsis and Septic Shock

#### Heffner AC

In: Emergency Department Resuscitation of the Critically III American College of Emergency Physicians (ACEP); 2011

14. Fluid Management in Critical Illness

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12. Fluid Management of Critical Illness

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In: Critical Care Emergency Medicine, 1st Edition Farcy DA et al. McGraw-Hill Professional; 2011

11. Post-Cardiac Arrest Management

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10. Acid-Base Disorders

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9. Fluid Management

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8. Diagnosis and Therapy of Metabolic Alkalosis

Heffner AC, Murugan R, Madden N, et al.

In: Critical Care Nephrology; 2nd Edition

Ronco C et al. Saunders Elsevier; 2009

7. Monoarticular Arthritis

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6. Fluid Management

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4. Central Venous Access

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3. Monoarticular Arthritis

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2. Esophageal Foreign Bodies

Munter D, Heffner A

In: Clinical Procedures in Emergency Medicine, 4<sup>th</sup> Edition Roberts JR and Hedges J. W.B. Saunders Company; 2003

1. Monoarticular Arthritis

Heffner AC

In: The Clinical Practice of Emergency Medicine, 3<sup>rd</sup> Edition Harwood-Nuss et al. Lippincott Williams & Wilkins; 2001

#### **Refereed Original Contributions**

23. Missed opportunities? An evaluation of potentially preventable poisoning deaths Srisuma S, Cao D, Kleinschmidt K, <u>Heffner AC</u>, Lavonas EJ Clin Toxicol. 2016 March 21:1-6. PMID 26998958

22. Early neurologic exam is not reliable for prognostication in post-cardiac arrest patients who undergo therapeutic hypothermia

Merrill MS, Wares CM, Heffner AC, et al

Am J Emerg Med. 2016 June; 34(6):975-9. PMID 26994681

21. Urinary obstruction is a common and important complication of septic shock due to urinary infection

Reyner K, Heffner AC, Karvetski C

Am J Emerg Med. 2016 April; 34(4):694-6. PMID 26905806

- 20. Troponin marker for acute coronary occlusion and patient outcome following cardiac arrest Pearson DA, Wares CM, Mayer KA, Runyon MS, Studnek JR, Kraft KM, <u>Heffner AC</u> West J Emerg Med. 2015 Dec;16(7):1007-13. PMID 26759645
- 19. Outcomes in cardiac arrest patients due to toxic exposure treated with therapeutic hypothermia

Modisett KL, Walsh SJ, Heffner AC, et al.

J Med Tox. 2016 Feb 8; Epub ahead of print. PMID 26856349

18. Early treatment of severe acute respiratory distress syndrome Przybsz TM, <u>Heffner AC</u>

Emerg Med Clin North Am. 2016 Feb;(34)1:1-14. PMID 26614238

17. Part 10: Special Circumstances of Resuscitation: 2015 American Heart Association Guidelines Update for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Lavonas EJ, Drennan IR, Gabrielli A, <u>Heffner AC</u>, Hoyte CO, Orkin AM, Sawyer KN, Donnino WM

Circulation. 2015 Nov; 132(18 Suppl 2):S501-18. PMID 26472998

16. Effect of prehospital initiation of therapeutic hypothermia in adults with cardiac arrest on time-to-target temperature

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15. Cardiac arrest with initial rhythm of pulseless electrical activity: do rhythm characteristics correlate with outcome?

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Am J Emerg Med. 2015 July 33(7);891-894. PMID 25943040

14. ED prognostication of comatose of comatose cardiac arrest patients undergoing therapeutic hypothermia is unreliable

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13. Incidence and factors associated with cardiac arrest complicating emergency airway management

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12. Practical Aspects of Post Cardiac Arrest Therapeutic Hypothermia

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EM Critical Care 2013 June; 3(3).

11. Whole blood lactate kinetics in patients undergoing quantitative resuscitation for severe sepsis and septic shock

Puskarich MA, Trzeciak S, Shapiro NI, et al. (#5)

Chest. 2013. 142(6):1548-1553. PMID 23740148

10. Regionalization of Post-Cardiac Arrest Care: Implementation of a Cardiac Resuscitation Center <u>Heffner AC</u>, Pearson DA, Nussbaum M, Jones AE

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9. Predictors of the complication of post-intubation hypotension during emergency airway management

Heffner AC, Swords D, Nussbaum M, Kline JA, Jones AE

J Crit Care. 2012 July; 27(6):587-593. PMID 22762924

8. Prognostic value and agreement of achieving lactate clearance or central venous oxygen saturation goals during early sepsis resuscitation

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Acad Emergency Med. 2012; 19(3):252-258. PMID 22435856

7. The frequency and significance of post-intubation hypotension during emergency airway management

Heffner AC, Swords, D, Kline JA, Jones AE

J Crit Care. 2012 Aug; 27(4):417.e9-13. PMID 22033053

6. Outcomes of patients undergoing early sepsis resuscitation for cryptic shock compared to overt shock

Puskarich MA, Trzeciak S, Shapiro NI, et al (#4)

Resuscitation. 2011;(82):1289-1293. PMID 21752522

5. The association between intra-arrest therapeutic hypothermia and return of spontaneous circulation among individuals experiencing out of hospital cardiac arrest.

Garrett JS, Studnek JR, Blackwell T, et al (#6)

Resuscitation. 2011;82(1):21-25.

4. Etiology of illness in patients admitted to the hospital from the emergency department with severe sepsis.

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Clin Infect Dis. 2010 Mar 15;50(6):814-20.

3. The effects of a quantitative resuscitation strategy on mortality in patients with sepsis: A meta-analysis.

Jones AE, Brown M, Trzeciak S, et al (#6)

Crit Care Med. 2008;36(10):2734-9.

2. Characteristics of Women with Fetal Loss in Symptomatic First Trimester Pregnancies with Documented Fetal Cardiac Activity

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Ann Emerg Med. 2008 Aug; 52(2):143-7.

1. Role of the Peripheral Intravenous Catheter in False-Positive D-Dimer Testing Heffner A, Kline J

Acad Emerg Med. 2001 Feb;8(2):103-6.

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5. Successful use of intra-arrest thrombolysis for electrical storm due to acute myocardial infarction

Reyner K, Heffner AC, Garvey L, Tayal V

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4. Major hemorrhage from hepatic laceration after cardiopulmonary resuscitation Zahn G, Haugk M Pearson DA, Heffner AC

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3. Successful outcome utilizing hypothermia after cardiac arrest in pregnancy Rittenberger JC, Kelly E, Jang D, Greer K, <u>Heffner A</u>

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2. A Case of Lactation "Bovine" Ketoacidosis

Heffner AC, Johnson DP

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 Treatment of severe carbon monoxide poisoning using a portable hyperbaric oxygen chamber Lueken RJ, <u>Heffner AC</u>, Parks PD Ann Emerg Med. 2006 Sep;48(3):319-22.

#### **Editorials**

1. Therapeutic Cooling Saves Lives; Time to Get on Board!

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Emergency Medicine News. 2012 May;34(5B)

2. Trials stopped early for benefit? Not so fast! Heffner AC, Milbrandt EB, Venkataraman R *Crit Care*. 2007 Feb 22;11(1):305.

#### Multi-media Works

4. Fluid Management

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3. Flexible Fiberoptic Intubation

Airway World Video Module, 2010

2. PhotoStim Visual Diagnosis Cases

Government Services ACEP Joint Services Symposium, March 2001

 PhotoStim Visual Diagnosis Cases Virginia ACEP Symposium, July 2001

#### **Media Interviews and Contributions**

5. How to scale sepsis across an entire health system The Advisory Board, Oct 2014

4. Arresting Sepsis Saves Money, Lives

HealthLeader, June 2014

3. Charlotte Hospital Takes Part in Global Study of Sepsis Charlotte National Public Radio (NPR), Nov 2013

2. Omar Carter's Odyssey

Charlotte Observer, July 2013

1. 'Code Cool' saves woman, unborn child WCNC News, June 2010

a cooming attoord	
Course Faculty	
Difficult Airway Course - Critical Care™	2015-present
National Course Instructor and Lecturer	•
Intern Simulation Common Critical Care Curriculum (4C) Program	2014-present
Carolinas HealthCare System, Charlotte, NC	•
Critical Points™ Early Impact Critical Care	2009-present
National Course Instructor	F
Difficult Airway Course - Emergency™	2007-present
National Course Instructor and Lecturer	2007-present
National Course histractor and Eccturer	
Carolinas Emergency Medicine Oral Board Review Course	2001-2003
Course Instructor, Charlotte, NC	2001-2003
Course Instructor, Charlotte, NC	
Research Grant Investigation Contributions	
	ana tha Cafat
7. A Prospective, Randomized, Double-Blind, Multicenter, Phase 3 Study to Ass	
and Efficacy of Intravenous Ceftolozane/Tazobactam compared with Meroper	
Patients with Ventilated Nosocomial Pneumonia (ASPECT)	4/2016-present
Industry sponsored grant - Cubist/Merck	
PI: Polk CM, Role: Sub-Investigator	
6. Randomized open label, multicenter, controlled study to assess safety and effi-	cacy of ELAD®
in subjects with acute alcoholic hepatitis who have failed steroid therapy	
Industry sponsored grant - Vital Therapies Incorporated	2013-2015
PI: deLemos AS, Role: Sub-Investigator	
5. L-Carnitine Treatment for Vasopressor Dependent Septic Shock	2012-present
NIH – National Institute of General Medical Sciences; 1R01GM103799-01	- -
PI; Jones AE; Role: Sub-Investigator	
4. Procalcitonin Decrease Over 72 Hours and Outcome in Patients with Severe S	Sepsis or Septic
Shock	2011-2014
Industry sponsored grant - Brahms, GmbH Global Medical Affairs	
	i e
	2000 2012
	2010-2012
	2010-2012
	2000 2010
	2009-2010
PI: Jones AE; Role: Co-Investigator	
	2011-2014

# **Professional Activities and Services**

r rolessional Activities and Services	
Society of Critical Care Medicine (SCCM)	
Abstract Reviewer, 46 <sup>th</sup> Critical Care Congress	2016
Poster Moderator, 45th Critical Care Congress	2016
Abstract Reviewer, 45th Critical Care Congress	2015
Abstract Reviewer, 44th Critical Care Congress	2014
Faculty, 43 <sup>rd</sup> Critical Care Congress	2014
Poster Moderator, 43 <sup>rd</sup> Critical Care Congress	2014
Poster Moderator, 42st Critical Care Congress	2013
Abstract Reviewer, 42 <sup>nd</sup> Critical Care Congress	2012
Emergency Medicine Section Member at Large	2012-2015
Faculty, 41 <sup>st</sup> Critical Care Congress	2012
Poster Moderator, 41st Critical Care Congress	2012
Abstract Reviewer, 41st Critical Care Congress	2011
Abstract Reviewer, 40th Critical Care Congress	2010
Carolinas / Virginias Chapter Board of Directors	2009-2014
Fundamental Critical Care Support (FCCS) Instructor	2008-2012
American College of Emergency Physicians (ACEP)	
Faculty, ACEP Scientific Assembly	2016
Faculty, ACEP Scientific Assembly	2014
Faculty, ACEP Scientific Assembly	2013
Oral Presentation Moderator, ACEP Scientific Assembly	2013
Faculty, ACEP Scientific Assembly	2012
Poster Moderator, ACEP Scientific Assembly	2012
Abstract Reviewer, ACEP Scientific Assembly	2012
•	
American Heart Association (AHA)	
2015 Guidelines Writing Committee for Cardiopulmonary Resuscitati	on and Emergency
Cardiovascular Care	2014-2015
Society of Academic Emergency Medicine (SAEM)	•
Clinical Pathologic Case Conference Committee	2003-2005
Editorial and Review Activities	
20. Circulation	2016
Invited ad hoc reviewer	
19. Canadian Journal of Emergency Medicine	2015
Invited ad hoc reviewer	
18. Journal of Critical Care	2014-present
Manuscript reviewer	
17. The Advisory Board Company	2014-present
Consultant on Advisory Board Sepsis Collaborative	
16. Circulation	2014
Invited ad hoc reviewer	
15. American Journal of Emergency Medicine	2014-present
Manuscript reviewer	<del>-</del>
14. Circulation: Cardiovascular Interventions	2014
Invited ad hoc reviewer	
13. Analgesia and Resuscitation: Current Research	2014
Invited ad hoc reviewer	

12. Airway Management SciTechnol	2014
Invited ad hoc reviewer	2014
11. International Journal of General Medicine Invited ad hoc reviewer	2014
10. Risk Management and Healthcare Policy	2013
Invited ad hoc reviewer	
9. Elsevier First Consult	2013
Invited ad hoc reviewer	2012
8. Critical Care Nurse Invited ad hoc reviewer	2013
7. Journal of Medical Toxicology	2011 present
Manuscript reviewer	2011-present
6. Journal of Emergency Medicine	2011-present
Manuscript reviewer	2011 present
5. Hospital Practice	2011
Invited ad hoc reviewer	
4. Academic Emergency Medicine	2010-present
Manuscript reviewer	•
3. McMaster University Online Rating of Evidence (MORE)	2009-present
Critical care and emergency medicine reviewer	
2. Academic Emergency Medicine	2007
Invited ad hoc reviewer	
1. Critical Care Medicine	2007-present
Manuscript reviewer	
CHS Committee Activities	
Larounas Healini are Nysiem	
Carolinas HealthCare System Sepsis Initiative Medical Director	2013 <sub>⊭hresent</sub>
Sepsis Initiative Medical Director	2013-present
Sepsis Initiative Medical Director Critical Care Network Leadership Council	2013-present
Sepsis Initiative Medical Director	·
Sepsis Initiative Medical Director Critical Care Network Leadership Council	2013-present
Sepsis Initiative Medical Director Critical Care Network Leadership Council ICU Models of Care; Co-Chair  Carolinas Medical Center Critical Care Co-Director	2013-present
Sepsis Initiative Medical Director Critical Care Network Leadership Council ICU Models of Care; Co-Chair  Carolinas Medical Center Critical Care Co-Director PCCC Critical Care Director	2013-present 2011-present 2016-present 2016
Sepsis Initiative Medical Director Critical Care Network Leadership Council ICU Models of Care; Co-Chair  Carolinas Medical Center Critical Care Co-Director PCCC Critical Care Director Root Cause Analysis Physician Leader	2013-present 2011-present 2016-present 2016 2016
Sepsis Initiative Medical Director Critical Care Network Leadership Council ICU Models of Care; Co-Chair  Carolinas Medical Center Critical Care Co-Director PCCC Critical Care Director Root Cause Analysis Physician Leader Medical Executive Committee	2013-present 2011-present 2016-present 2016 2016 2016-present
Sepsis Initiative Medical Director Critical Care Network Leadership Council ICU Models of Care; Co-Chair  Carolinas Medical Center Critical Care Co-Director PCCC Critical Care Director Root Cause Analysis Physician Leader Medical Executive Committee Sentinel Event Leadership Team	2013-present 2011-present 2016-present 2016 2016 2016-present 2013-present
Sepsis Initiative Medical Director Critical Care Network Leadership Council ICU Models of Care; Co-Chair  Carolinas Medical Center Critical Care Co-Director PCCC Critical Care Director Root Cause Analysis Physician Leader Medical Executive Committee Sentinel Event Leadership Team Neuro-ICU Associate Director	2013-present 2011-present 2016-present 2016 2016 2016-present 2013-present 2012-present
Sepsis Initiative Medical Director Critical Care Network Leadership Council ICU Models of Care; Co-Chair  Carolinas Medical Center Critical Care Co-Director PCCC Critical Care Director Root Cause Analysis Physician Leader Medical Executive Committee Sentinel Event Leadership Team Neuro-ICU Associate Director Neuro-ICU Operations Committee	2013-present 2011-present 2016-present 2016 2016 2016-present 2013-present 2012-present 2012-present
Sepsis Initiative Medical Director Critical Care Network Leadership Council ICU Models of Care; Co-Chair  Carolinas Medical Center Critical Care Co-Director PCCC Critical Care Director Root Cause Analysis Physician Leader Medical Executive Committee Sentinel Event Leadership Team Neuro-ICU Associate Director Neuro-ICU Operations Committee Infection Prevention Committee	2013-present 2011-present  2016-present 2016 2016 2016-present 2013-present 2012-present 2012-present 2012-present
Sepsis Initiative Medical Director Critical Care Network Leadership Council ICU Models of Care; Co-Chair  Carolinas Medical Center Critical Care Co-Director PCCC Critical Care Director Root Cause Analysis Physician Leader Medical Executive Committee Sentinel Event Leadership Team Neuro-ICU Associate Director Neuro-ICU Operations Committee Infection Prevention Committee Emergency Medicine - Critical Care Curriculum Leader	2013-present 2011-present 2016-present 2016 2016 2016-present 2013-present 2012-present 2012-present 2012-present 2012-present 2012-2014
Sepsis Initiative Medical Director Critical Care Network Leadership Council ICU Models of Care; Co-Chair  Carolinas Medical Center Critical Care Co-Director PCCC Critical Care Director Root Cause Analysis Physician Leader Medical Executive Committee Sentinel Event Leadership Team Neuro-ICU Associate Director Neuro-ICU Operations Committee Infection Prevention Committee Emergency Medicine - Critical Care Curriculum Leader Sentinel Event Task Force	2013-present 2011-present 2016-present 2016 2016-present 2013-present 2012-present 2012-present 2012-present 2012-present 2012-2014 2011
Sepsis Initiative Medical Director Critical Care Network Leadership Council ICU Models of Care; Co-Chair  Carolinas Medical Center Critical Care Co-Director PCCC Critical Care Director Root Cause Analysis Physician Leader Medical Executive Committee Sentinel Event Leadership Team Neuro-ICU Associate Director Neuro-ICU Operations Committee Infection Prevention Committee Emergency Medicine - Critical Care Curriculum Leader Sentinel Event Task Force Director of ECMO Services	2013-present 2011-present 2016-present 2016 2016-present 2013-present 2012-present 2012-present 2012-present 2012-present 2012-2014 2011 2010-present
Sepsis Initiative Medical Director Critical Care Network Leadership Council ICU Models of Care; Co-Chair  Carolinas Medical Center Critical Care Co-Director PCCC Critical Care Director Root Cause Analysis Physician Leader Medical Executive Committee Sentinel Event Leadership Team Neuro-ICU Associate Director Neuro-ICU Operations Committee Infection Prevention Committee Emergency Medicine - Critical Care Curriculum Leader Sentinel Event Task Force	2013-present 2011-present 2016-present 2016 2016-present 2013-present 2012-present 2012-present 2012-present 2012-present 2012-present 2011-2014 2011 2010-present 2009-present
Sepsis Initiative Medical Director Critical Care Network Leadership Council ICU Models of Care; Co-Chair  Carolinas Medical Center Critical Care Co-Director PCCC Critical Care Director Root Cause Analysis Physician Leader Medical Executive Committee Sentinel Event Leadership Team Neuro-ICU Associate Director Neuro-ICU Operations Committee Infection Prevention Committee Emergency Medicine - Critical Care Curriculum Leader Sentinel Event Task Force Director of ECMO Services Medical ICU Medical Director Code Blue Committee Chair	2013-present 2011-present 2016-present 2016 2016-present 2013-present 2012-present 2012-present 2012-present 2012-present 2012-2014 2011 2010-present
Sepsis Initiative Medical Director Critical Care Network Leadership Council ICU Models of Care; Co-Chair  Carolinas Medical Center Critical Care Co-Director PCCC Critical Care Director Root Cause Analysis Physician Leader Medical Executive Committee Sentinel Event Leadership Team Neuro-ICU Associate Director Neuro-ICU Operations Committee Infection Prevention Committee Emergency Medicine - Critical Care Curriculum Leader Sentinel Event Task Force Director of ECMO Services Medical ICU Medical Director Code Blue Committee Chair Rapid Response Team Director	2013-present 2011-present 2016-present 2016 2016-present 2013-present 2012-present 2012-present 2012-present 2012-present 2012-present 2011-2014 2011 2010-present 2009-present 2009-2013
Sepsis Initiative Medical Director Critical Care Network Leadership Council ICU Models of Care; Co-Chair  Carolinas Medical Center Critical Care Co-Director PCCC Critical Care Director Root Cause Analysis Physician Leader Medical Executive Committee Sentinel Event Leadership Team Neuro-ICU Associate Director Neuro-ICU Operations Committee Infection Prevention Committee Emergency Medicine - Critical Care Curriculum Leader Sentinel Event Task Force Director of ECMO Services Medical ICU Medical Director Code Blue Committee Chair	2013-present 2011-present 2016-present 2016 2016-present 2013-present 2012-present 2012-present 2012-present 2012-present 2012-2014 2011 2010-present 2009-present 2009-2013
Sepsis Initiative Medical Director Critical Care Network Leadership Council ICU Models of Care; Co-Chair  Carolinas Medical Center Critical Care Co-Director PCCC Critical Care Director Root Cause Analysis Physician Leader Medical Executive Committee Sentinel Event Leadership Team Neuro-ICU Associate Director Neuro-ICU Operations Committee Infection Prevention Committee Emergency Medicine - Critical Care Curriculum Leader Sentinel Event Task Force Director of ECMO Services Medical ICU Medical Director Code Blue Committee Chair Rapid Response Team Director Organ and Tissue Donation Committee Co-Chair Quality Assessment and Improvement Committee Intensive Care Advisory Committee	2013-present 2011-present 2016 2016 2016 2016-present 2013-present 2012-present 2012-present 2012-present 2012-2014 2011 2010-present 2009-present 2009-2013 2009-2014
Sepsis Initiative Medical Director Critical Care Network Leadership Council ICU Models of Care; Co-Chair  Carolinas Medical Center Critical Care Co-Director PCCC Critical Care Director Root Cause Analysis Physician Leader Medical Executive Committee Sentinel Event Leadership Team Neuro-ICU Associate Director Neuro-ICU Operations Committee Infection Prevention Committee Emergency Medicine - Critical Care Curriculum Leader Sentinel Event Task Force Director of ECMO Services Medical ICU Medical Director Code Blue Committee Chair Rapid Response Team Director Organ and Tissue Donation Committee Co-Chair Quality Assessment and Improvement Committee Intensive Care Advisory Committee Surgical Critical Care Outcomes Committee	2013-present 2011-present 2016 2016 2016 2016-present 2013-present 2012-present 2012-present 2012-present 2012-present 2012-present 2012-present 2012-2014 2011 2010-present 2009-present 2009-2013 2009-2014 2009-2013 2009-2016 2009-present
Sepsis Initiative Medical Director Critical Care Network Leadership Council ICU Models of Care; Co-Chair  Carolinas Medical Center Critical Care Co-Director PCCC Critical Care Director Root Cause Analysis Physician Leader Medical Executive Committee Sentinel Event Leadership Team Neuro-ICU Associate Director Neuro-ICU Operations Committee Infection Prevention Committee Emergency Medicine - Critical Care Curriculum Leader Sentinel Event Task Force Director of ECMO Services Medical ICU Medical Director Code Blue Committee Chair Rapid Response Team Director Organ and Tissue Donation Committee Co-Chair Quality Assessment and Improvement Committee Intensive Care Advisory Committee	2013-present 2011-present 2016 2016 2016 2016-present 2013-present 2012-present 2012-present 2012-present 2012-present 2012-present 2012-2014 2011 2010-present 2009-present 2009-2013 2009-2014 2009-2013 2009-2016

Infection Control Committee	2008-2011
Therapeutic Hypothermia "Code Cool" Co-Director	2007-present
Code Sepsis Committee Leader	2007-present
Trauma Outcomes Committee	2007-2014
Code Blue Committee	2007-present
Organ and Tissue Donation Committee	2007-present
Pulmonary & Critical Care Consultants Education Committee	2007-present
MICU Blood Product Utilization QI Leader	2007-2009
Pulmonary and Critical Care Consultants	
Critical Care Director	2015-present
Steering Committee	2010-present
Naval Medical Center Portsmouth	
Code Blue Committee	2000-2003

# Testimonial History for Alan C. Heffner, MD.

Year	Lawyer / Firm	Case	Topic
2013	Claire Modlin: McGuire Woods LLP	v. Gaillard and Baptist Hospital	Post-extubation failure with CA
2015	Shirley DeLuna: Billing, Cochrane, Lyles	Silkworth v. Boca Raton Regional Hospital	MVC, L/S Fx, cord injury
2016	Jack Gresh: Hall, Booth, Smith, Charleston, SC	Gatrell v. Aiken MC, Carter	Flu, MRSA PNA, sepsis, limb



March 6, 2017

COLUMBIA COUNTY OFFICE 20 CAROLYN ROAD VALATIE, NY 12184 518-766-3938 518-766-3896 fax

#### Via Email and Regular Mail

Shawn F. Brousseau, Esq.
Napierski, Vandenburgh, Napierski & O'Connor, LLP
296 Washington Avenue Extension
Suite 3
Albany, NY 12203

RE: Breitenbach v. Nancy Caffrey, et al

#### Dear Mr. Brousseau:

I have reviewed the report and economic damages calculations of plaintiff's expert economist (James Lambrinos) in the above referenced matter. Following are my concerns regarding Mr. Lambrinos' report.

- Mr. Lambrinos' general methodology is to compare the net income of the household without the passing of Ms. Breitenbach with the net income of the household with the passing of Ms. Breitenbach. If this approach is used, <u>all</u> items of household income must be taken into consideration. While Mr. Lambrinos has considered many of the items of income that would have (and will) been paid to the household, it's not clear that every item of income has been included. For example, Mr. Breitenbach most likely has a retirement account/benefit through his law practice that will generate income following his retirement. In addition, Ms. Breitenbach may have been a participant in a deferred compensation plan or tax sheltered annuity account in her employment as a teacher. Considering that personal consumption would be subtracted from these sources of income under the scenario in which Ms. Breitenbach is alive, to the extent that such sources of income (or others) have been omitted from the analysis, Mr. Lambrinos has overstated the economic losses to the household.
- Mr. Lambrinos has made a tax adjustment to Mr. and Ms. Breitenbach's projected earnings. However, he has not made an adjustment to the retirement period sources of income, all of which would be subject to some level of income tax.

<sup>&</sup>lt;sup>1</sup> Mr. and Ms. Breitenbach's earnings; Mr. and Ms. Breitenbach's Social Security benefits; and Ms. Breitenbach's Teachers' Retirement System pension.

- In projecting Ms. Breitenbach's earnings had she lived, Mr. Lambrinos has included an \$80,000 payment for unused sick leave. No foundation or proof that Ms. Breitenbach would have qualified for and received this payment is provided.
- There is no foundation or evidence provided to support the various Social Security benefit calculations included in Mr. Lambrinos' report. Each individual's benefit is unique based on their own specific employment and earnings history. In order to reliably estimate the Social Security benefits in this case, Mr. Lambrinos has to have relied upon either (a) Mr. and Ms. Breitenbach's lifetime earnings history and/or (b) some benefit projections prepared by the Social Security Administration. To date, nothing has been provided to support Mr. Lambrinos' calculations or that allow for verification of the accuracy of his Social Security benefit calculations.
- The personal consumption offset has been performed incorrectly by Mr. Lambrinos. The study Mr. Lambrinos relied upon reports personal consumption percentages for various types of husband/wife households at various household income levels. The income levels in the study are expressed in 2004-2005 dollars. However, Mr. Lambrinos has failed to deflate his future household income projections to 2004-2005 dollars. The impact of this error is that Ms. Breitenbach's personal consumption has been underestimated, thus resulting in the economic damages being overstated.
- In addition, it appears that Mr. Lambrinos has used the personal consumption figures for wives in "husband and wife only households with one working spouse." While this would apply for a few years, at some point both Mr. and Ms. Breitenbach would have been retired. At that point, Mr. Lambrinos should have used the personal consumption figures for wives in "husband and wife only households with neither spouse working." The impact of this error is that Ms. Breitenbach's personal consumption has been underestimated, thus resulting in the economic damages being overstated.

<sup>&</sup>lt;sup>2</sup> For which data is reported in the same study relied upon by Mr. Lambrinos.

- The estimate of lost household services is without solid foundation. Mr. Lambrinos has relied upon a statistical study to estimate the value of the household services that were being provided by Ms. Breitenbach. As with other elements of economic damages calculations, information specific to the individual in question should be relied upon whenever possible. The extent and/or nature of the household services provided by Ms. Breitenbach to the household prior to her death could have been substantially less than the services performed by persons in the study upon which Mr. Lambrinos relied. With Mr. Breitenbach available to provide information there is no reason to rely upon a statistical study of other persons.
- In addition, Mr. Lambrinos has projected the value of Ms. Breitenbach's household services through the end of Mr. Breitenbach's life expectancy. At that time, Ms. Breitenbach would have been 82 years of age. In my opinion this is speculative when one takes into consideration the physical limitations and/or changes in lifestyle (moving to apartments, retirement communities, condos or smaller, less maintenance-intensive homes) that often occur as people age. The result is that for many people, the extent of household services can be significantly reduced as they age.

In summary, Mr. Lambrinos' report and calculations suffer from a number of foundational issues and methodological inconsistencies and errors.

In preparing this review, I was provided with Mr. Lambrinos' report dated January 26, 2017; the Breitenbach's income tax returns from 2013 through 2015; Ms. Breitenbach's June 30, 2013 New York State Teachers' Retirement System Benefit Profile; and an Estimate of Annual Service Retirement Benefits prepared by the New York State Teachers' Retirement System.

I can be reached at (518) 766-3938 if you have any questions.

Sincerely,

Valuation Resource Group, LLC

Kevin R. Decker, Economist

Partner

**CERTIFICATION & COMPLIANCE WITH RULE 26** 

I, Kevin R. Decker, Economist, in compliance with the conditions of Rule 26 of the Rules

of Civil Procedure, hereby certify the following to be true to the best of my belief and

knowledge:

I was retained by Napierski, Vandenburgh, Napierski & O'Connor, LLP to review the

economic damages report/calculations prepared by plaintiff's expert economist in the matter

of Breitenbach v. Nancy Caffrey, et al.

This letter report contains a complete statement of all opinions I currently hold with regard to

the economic damages report/calculations prepared by plaintiff's expert as well as the basis

and reasons for these opinions. All such opinions were made to a reasonable degree of

economic certainty.

Neither my firm nor I have any interest in this matter.

The compensation paid for this analysis is not contingent upon either the amount of appraised

value determined in this report or the outcome of any negotiations or litigation pertaining to

this matter. I am being paid \$200/hour for research and analysis and \$200/hour for time

involved in any testimony that may be required.

My qualifications as well as a list of cases in which I have memory of testifying as an expert

in the past four years are attached.

Kevin R. Decker, Economist

March 6, 2017

#### Vita of

#### Kevin R. Decker

#### **EDUCATION**

M.A., Economics, State University of New York at Albany (also B.A.)

# GENERAL EXPERIENCE

Mr. Decker is a partner in Valuation Resource Group and directs the economic research of Decker Economics, an economic consulting firm. Mr. Decker serves as consultant to government, business, labor and professional organizations on issues relating to economic and fiscal impact studies, labor contract negotiations and arbitration, economic development, and taxation. Mr. Decker also provides analysis and expert testimony to the legal profession, including calculations of economic loss in personal injury and wrongful death cases, and valuations of pensions, professional degrees and enhanced earnings capacity in matrimonial matters.

1999-present

Valuation Resource Group, LLC, Partner

1987-present

Decker Economics, President.

1986-1991

American Economics Group, Inc., Vice-President for Fiscal Research. Responsible for all aspects of public sector fiscal research and analysis, preparation of comprehensive economic and financial studies for public and private sector clients, tax legislation analysis and related computer and statistical applications.

1978-1986

deSeve Economics Associates, Inc., Economist/Director of Municipal Analysis. Responsible for analysis of municipal credit condition, municipal labor relations, and market analysis. Also responsible for general economic and financial research and computer applications to a variety of economic analysis.

#### **MISCELLANEOUS**

- Adjunct Professor of Economics. The Sage Colleges, Albany NY (1992-2013)
- Memberships:

National Association of Forensic Economics

American Academy of Economic and Financial Experts

American Economic Association (1979 – 2008)

#### **DEMONSTRATED TECHNICAL EXPERTISE**

#### **FORENSIC AND LITIGATION ECONOMICS**

Calculation of Economic Damages in Personal Injury; Wrongful Death and Wrongful Termination Litigation

Determination of lost earnings and benefits for individuals injured, deceased or claiming wrongful termination. Advise plaintiff and defense attorneys on economic methodology and provide testimony in court. Participated in the development of self-documenting, companion software to an Economic/Hedonic Damages text published by Anderson Publishing Co.

# Valuation of Pensions, Professional Degrees/Licenses and Enhanced Earnings Capacity

Determination of present value of prospective and in-payment pension/retirement benefits covering a variety of public and private sector retirement plans. Determination of enhanced earnings capacity from the attainment of professional degrees/licenses. Provide expert testimony in court as well as act in advisory role to attorneys on economic methodology and issues.

#### LABOR ECONOMICS

#### Analysis and Expert Testimony in Interest Arbitration Cases

For public sector labor arbitrations, preparation of comprehensive analysis and testimony on the fiscal condition of the municipality, the local economic base and comparative wage and benefit levels. Mr. Decker has provided expert economic testimony in arbitration and fact-finding proceedings in cases involving police and fire bargaining units in major cities, large suburban counties and other municipalities throughout New York State.

# **Assessment of Privatization Proposals**

Provided analysis of past experience with and future proposals for privatization in the City of Schenectady involving the City's sewer and water operations. Baseline expenditure projections were compared with actual experience under privatization to assess the long-term cost impacts on the City. Recent expenditure trends in municipal-run department were examined and compared with trends in the privatized function.

## Analysis of New York State's Binding Arbitration Statute

Prepared a comprehensive report examining New York State's statute providing for binding arbitration for municipal police and fire personnel. Report examined the relative frequency of binding arbitration; the relationship between public safety costs and trends in property tax rates and general fund balances; compared recent trends in police and firefighter salaries awarded through arbitration with negotiated salaries of police, firefighters and teachers; and examined the arbitration panel's reasoning behind salary and benefits awards.

#### ECONOMIC AND FISCAL IMPACT STUDIES

#### Regional Economic Impact Assessment of a Proposed Waste-to-Energy Facility

Determined the economic and fiscal impacts on the Albany Region of a proposed waste-toenergy and recycling facility in Green Island, New York. The analysis included estimates of direct and indirect local earnings and employment generated and increased tax and other fiscal benefits accruing to Green Island and the local region. The study also explored issues regarding local property value impacts; infrastructure deterioration; the impact on other regional solid waste plans; and the plant's capacity for new power generation.

#### **Economic Benefits From Park Development and Riverfront Reclamation Projects**

Evaluated the economic, fiscal and community benefits from proposed developments of Urban Cultural Parks in Saratoga Springs, New York and Kingston, New York and from proposed park development and riverfront reclamation projects in Jamestown, New York and Schodack, New York. The studies included estimates of visitor traffic to the proposed facilities; local investment, employment and earnings generated; increased tax revenues to the municipalities; an evaluation of proposed development strategies; and an inventory of federal, state and local development assistance.

#### Analysis of Single-Family Housing Industry in New York State

Analyzed the economic and fiscal impacts of the single family housing segment of the real estate industry in New York State for the New York State Association of Realtors. Estimated the impact of the industry on employment, earnings and economic output in New York State. Estimates were also developed of state and local taxes generated by this segment of the real estate industry.

#### LOCAL ECONOMIC ANALYSIS AND DEVELOPMENT

#### **Business Retention and Expansion Findings and Strategies**

Conducted a survey of Rensselaer County employers to determine their attitudes toward doing business in Rensselaer County. Topics of inquiry included determining relevant factors behind recent changes in employment; plans for future expansion, relocation or downsizing; labor/management relations; import/export activity; attitudes toward federal, state and local programs, services and agencies; and suggestions for improving the county and municipal business climate. Included in an extensive written report was a detailed analysis of current employment, including emerging trends, employment by industry, employment by firm size, geographic location of employment within the county and prospects for future growth. A major component of the report was the development of a series of recommendations to foster business retention and expansion within the County.

# Analysis of Employment and Unemployment Trends in Rensselaer County

Compiled and analyzed employment and unemployment data for the 1982-1996 time period. Detailed industry data were examined for analysis of trends in changes in employment. Identified Rensselaer County's entry and recovery from recent national recession. Developed innovative technique to allow for meaningful comparison of unemployment rates between localities over an extended time period.

#### **ENVIRONMENTAL/LAND USE ECONOMICS**

#### Property Value and Other Community Impacts of "Undesirable" Facilities

For a proposed rock quarry/mining operation in rural Rensselaer County (New York), performed an economic assessment of the impact on the community. Analysis included an assessment of the impact on local property values; increased demand on municipally-provided public services; net employment effects; and likely tax revenues. Testimony regarding the negative impact of dust on surrounding property values and businesses was incorporated into final DEC report that resulted in denial of mining permit.

## EXPERT TESTIMONY IN THE LAST FOUR YEARS - KEVIN DECKER

#### I. Personal Injury/Wrongful Death/ Wrongful Termination Cases

- a. DaJuan McCall v. St. Paul's Community Baptist Church; Albany County, NY Supreme Court; Law Office of Edward P. Ryan; December 2016 (Plaintiff)
- b. Carlos Lemus v. Olimpia Pelosi; Law Office of Edward P. Ryan; February 2016 (Plaintiff); Arbitration
- c. Joseph DiNuzzo v. Mabel Martinez; Saratoga County, NY Supreme Court; Law Office of Edward P. Ryan; June 2015 (Plaintiff)
- d. Estate of Arthur Mota v. Andrew Shannahan; New York County, NY Supreme Court; Law Office of Michael P. Delaney; April 2015 (Plaintiff)
- e. Crystal Davis v. Mark D. Collins and John E. Collins; Law Office of Edward P. Ryan; January 2015 (Plaintiff); Arbitration
- f. Jane Barnard v. Main Street American Group; McNamee, Lochner, Titus & Williams, P.C.; July 2014 (Plaintiff); New York SUM Arbitration
- g. Estate of Joshua Maloney v. Eaton Corporation and George Swanson; Rensselaer County NY Supreme Court; Law Office of Edward Ryan; May 2013 (Plaintiff)

#### II. Matrimonial—Pension/Retirement Valuations

- a. Vosteen v. Vosteen; December 2016; Fulton County, NY Supreme Court; Lorman Law Firm.
- b. McCoy v. McCoy; May 2016; Chittenden County, VT Superior Court; Broadfoot Law Firm.
- c. Spinelli v. Spinelli; March 2014; Warren County, NY Supreme Court; Stanclift, Ludemann & McMorris, P.C.
- d. Barra v. Barra; December 2013; Albany County Supreme Court, NY; Assaf & Siegal, PLLC